

**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 2004 - JUNE 30, 2005**

COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS  
2005 JUN 27 P 1:30  
J. PASTUSZKA  
THE BOARD  
SUPERVISORS

**1. DEPARTMENT/COURT INFORMATION:**

Department/Court: \_\_\_\_\_

Division/Unit: HHS - AMHS

**2. VOLUNTEER PROGRAM BENEFITS:**

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	<u>1</u>	Hours	<u>400</u>	x	\$17.55	=	\$ 7020.00
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Types of work performed by GENERAL VOLUNTEERS in this category:

Data entry and analysis, database creation, survey compilation

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	_____	Hours	_____	x	\$ 17.55	=	_____
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

Position	Hours	x	VCL	=	Dollar Benefit
_____	_____	x	_____	=	\$ _____

No. Vol	_____	Total Hours	_____	Total Value	\$ _____
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar</u>	<u>Benefit</u>
2a: <u>1</u>	<u>400</u>	\$ <u>7020.00</u>	
2b: _____	_____	\$ _____	
2c: _____	_____	\$ _____	
<b>TOTALS: <u>1</u>      <u>400</u>      \$ <u>7020.00</u></b>			

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

<u>Item Donated</u>	<u>Value</u>	<u>Item Donated</u>	<u>Value</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
<b>TOTAL VALUE \$</b>			

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours 10 x Rate \$ 28.64 = \$ 286.40

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours \_\_\_\_\_ x Rate \$ \_\_\_\_\_ = \$ \_\_\_\_\_

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
_____	
_____	
_____	
_____	

TOTAL OF OTHER PROGRAM COSTS

=

\$ 0

- d. TOTAL OF VOLUNTEER PROGRAM COST =  
(add 4a, 4b, and 4c)

\$ 286.40

**5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 7020.00

b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$

ADD a + b \$

c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (\$ 286.40)

TOTAL PROGRAM BENEFIT \$ 6733.60

6. **RECRUITING:**

Please describe your recruiting programs:

Networking with the Graduate School of Public Health at SDSU

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7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

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8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2005-06:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

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9. **GENERAL INFORMATION:**

Name of Person Completing Report: Ian Rosengarten

Phone Number: 619-563-2777 Mail Stop P531A

E-Mail ian.rosengarten@sdcounty.ca.gov

Volunteer Coordinator: Lori Thibault

Phone Number: 619-563-2710 Mail Stop P531F

E-Mail lori.thibault@sdcounty.ca.gov

10. **DEPARTMENT CERTIFICATION:**



DEPARTMENT HEAD SIGNATURE

6/21/05

DATE